

ART 34 Chm 1-19

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101573956

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/			
3	/		/			
4	/		/			
5			/			
6		1	/			
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TOTAL IND.	1		1			
TOTAL DEP.	18	←	18	←	←	
TOTAL CLAIMS	19	[Redacted]	19	[Redacted]		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←		←	←	
TOTAL CLAIMS						